

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90085 029 ****50.00

DOCUMENT # L06000098880

1. Entity Name
KEEL HOLDINGS, LLC



Principal Place of Business
2328 TENTH AVENUE NORTH, SUITE 403
LAKE WORTH, FL 33461

Mailing Address
2328 TENTH AVENUE NORTH, SUITE 403
LAKE WORTH, FL 33461



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01152007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

Applied For

20-8146762

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUKIN, ROGER B
2328 TENTH AVENUE NORTH, SUITE 403
LAKE WORTH, FL 33461

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME RUKIN, JAMES B
STREET ADDRESS 2328 TENTH AVENUE NORTH, SUITE 403
CITY-ST-ZIP LAKE WORTH, FL 33461

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME RUKIN, JULIA R
STREET ADDRESS 2328 TENTH AVENUE NORTH, SUITE 403
CITY-ST-ZIP LAKE WORTH, FL 33461

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME RUKIN, ROGER B
STREET ADDRESS 2328 TENTH AVENUE NORTH, SUITE 403
CITY-ST-ZIP LAKE WORTH, FL 33461

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/18/07 561 586-0100
Date Daytime Phone #